

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 935

FILED JUN 18 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Delaware	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b Unknown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BEAULAH Middle **** Last TEAGUE		4. DATE OF DEATH Month June Day 14 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3/17/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (City and state or country) Golden, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ira Rardin		13b. MOTHER'S MAIDEN NAME Della Unknown Benton	
14. NAME OF HUSBAND OR WIFE Alvin (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Alvin Teague, Jay, Oklahoma.		17. ADDRESS Alvin Teague, Jay, Oklahoma.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Neck and Chest Injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) She was a passenger in one car of a two car accident. Highway M, 1/2 mile west of highway 65.		20c. TIME OF INJURY Hour 6 a.m. 14 m. 62 Month, Day, Year Approx. 8:15 AM	
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION South of Springfield	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		COUNTY Greene STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at Approx 8:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme (Degree or title) Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 6/14/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/14/1962		23c. NAME OF CEMETERY OR CREMATORY Olympus Cemetery	
23d. LOCATION (City, town, or county) Grove, Oklahoma		24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.	
25. DATE RECD. BY LOCAL REG. 6-15-62		26. REGISTRAR'S SIGNATURE Effie S. Meeter	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
2d, 9, 13b	1006 S. Main, 66, Benton	Unknown
16, 23c	441-26-721 & Olympics	Unknown & Olympics
8, 11	3/17/1896--divorced, Golden, Mo.	unknown, widowed, Alvin deceased
	Alvin Divorced	DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

VS JUL 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Michael L. Strause

Licensed Embalmer No.

5164

P. O. Address

Appd, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

6-14-62
I, _____, certify that the above named person is a duly licensed embalmer in the State of Missouri.

Secretary of State